

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32474

State File No. ....

FILED SEP 17 1952

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "North Union"</u>		d. STREET ADDRESS (If rural, give location) <u>10 M-S-E Warsaw, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINTY</u> b. (Middle) <u>GRAY</u> c. (Last) <u>DAVIS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 2, 1882</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>L.P. Gemes</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Booth</u>		14. NAME OF HUSBAND OR WIFE <u>John J. Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.W. Gemes, Warsaw</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic gangrene of left hand.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Diabetic 20 yrs</u> DUE TO (c) <u>260X</u>  II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>20 yrs</u>			
19a. DATE OF OPERATION <u>9-3-52</u>				19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of L. Arm up to Elbow.</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-29</u> , 1952 to <u>9-6</u> , 1952 that I last saw the deceased alive on <u>9-6</u> , 1952, and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Oyer M.D.</u>				23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>9-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-9-52</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John J. Davis</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John F. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.